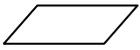


ORDER FOR CERTIFIED COPY OF DEATH CERTIFICATE
 FOR ALL PERSONS WHO DIED IN SEATTLE CITY LIMITS (ALL YEARS)
 OR IN KING COUNTY (1944 FORWARD) ONLY

VITAL STATISTICS

Public Health - Seattle & King County
 KING CO. ADMIN. BLDG., RM. 214
 500 - 4th Ave., Seattle, Washington 98104
 (206) 296-4769

VA 

QUANTITY _____ copies @ \$20.00 each = \$ _____

MAKE CHECK PAYABLE TO VITAL STATISTICS

Full Name First Middle Last Age of Deceased:
 of Deceased:

Place of Death
 (City):

Date of Death
 (or 10-year period to search):

Name of Funeral Home:	A/C No.
--------------------------	---------

SIGNED:	DATE:
---------	-------

RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED?

Please Note: Any time a record is searched for and not found, an \$8.00 search fee is charged per the Revised Code of Washington (RCW 70.58.107).

DEATH

OFFICE USE ONLY

CK. MO. <input type="checkbox"/> CASH <input type="checkbox"/>	
AMT. RC'D \$ _____	
INDEX NO. YR. REC. SRCH. <input type="checkbox"/>	
ISSUED DATE	

Name and address of person requesting certified copy:

PLEASE PRINT

NAME	
STREET AND NUMBER	
CITY STATE ZIP CODE	
	TELEPHONE NO.